



BA Healthcare Consulting

**Written Testimony of Beka Apostolidis, RN, MS
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**Before the Public Health Committee
February 23, 2015**

Testimony in Support of:

Proposed Bill SB No. 467, An Act Concerning the Facilitation of Telemedicine

Senators Gerratana and Crisco, Representatives Ritter and Riley, and honorable members of the Public Health Committee,

My name is Beka Apostolidis and I have been a registered nurse in the state of Connecticut for over nineteen years. I am here to testify regarding the SB 467, An Act Concerning the Facilitation of Telemedicine as well supporting SB 246 An Act Defining and Establishing Standards for the Practice of Telemedicine and HB 6487 An Act Concerning Standards for Telemedicine. I am currently owner of BA Healthcare Consulting/Focused on Telehealth Solutions. Previously, I worked for ten years at Hartford Healthcare at Home as the Cardiac Program Manager. My position including overseeing the telehealth program which utilized over 300 telemonitors.

First, I would like to address the language used in the bill. Telemedicine and Telehealth are, at times, used interchangeably, however, Telehealth incorporates a broader scope of remote monitoring. The American Telemedicine Association (ATA) is the national leading organization of remote patient monitoring and composed of diverse members including healthcare providers, academics, and policymakers. The ATA defines telehealth as “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health status. Telehealth includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology.”¹ As mentioned in testimony provided by the Executive Director of Connecticut’s Legislative Commission on Aging, I also recommend the language of Telemedicine be updated to Telehealth in the bill.

¹American Telemedicine Association, Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions (May, 2014). www.americantelemed.org

The continued growth of Telehealth is a reflection of the current changes in our healthcare system as we move towards caring for more patients in a fiscally responsible manner while maintaining quality care. Reports predict an 18.5 percent annual growth in telehealth world-wide through 2018. The United States will lead the telehealth market by increasing to \$1.9 billion in 2018 from \$240 million today, with an annual growth rate of 56 percent.² The expansion of Telehealth utilization has also led to more states and insurance companies providing reimbursement for these services. Currently, approximately 13 states have remote patient monitoring coverage for Medicaid patients. This includes three New England states, New Hampshire, Vermont and Maine. In addition, 22 states and the District of Columbia require that private insurers cover telehealth the same as they cover in-person services.³

Numerous studies have shown telehealth provides quality, cost effective care and is something patients are willing to use. There are numerous benefits regarding the use of Telehealth. Agencies utilizing telehealth are able to provide improved quality outcomes. Telemonitors are frequently used for chronic conditions, such as cardiac and pulmonary disorders, to improve care and reduce readmissions. Heart failure, a common cardiac homecare condition, is the leading cause of hospitalization for adults over the age of sixty-five with more than 1 million hospitalizations per year.⁴ The mean cost of readmission for a heart failure patient is \$13,000 with a 25% readmission rate.⁵ Recent studies at VNA Healthcare (now Hartford Healthcare at Home) in conjunction with the University of Connecticut School of Nursing have shown that the use of telemonitors along with specific nursing interventions on heart failure patients can statistically improve quality of life, reduce depressive symptoms and help reduce hospital readmissions. Another telemonitor study by Geisinger in 2014 showed a 44% readmission reduction in 30 days for heart failure patients as well as a savings of \$3.30 for every \$1 spent.⁶

With the continued growth and reimbursement, it is important for agencies utilizing Telehealth to establish standards of practice. This will help to ensure agencies use best practice and maintain program integrity. Standards of practice for a Telehealth program should include, but are not limited to:

Patient Standards:

- Defined patient inclusion/exclusion criteria
- Informed Consent prior to deployment of equipment
- Privacy and Confidentiality maintained during duration of monitoring
- Home assessment to determine potential environmental barriers
- Patient Education to ensure correct understanding and use of monitoring equipment

² Forbes, Top Health Trend For 2014: Telehealth To Grow Over 50%. What Role For Regulation? (Dec. 2013). www.forbes.com

³ American Telemedicine Association, About Telemedicine. www.americantelemed.org

⁴ American Heart Association, Rehospitalization for Heart Failure, Predict or Prevent. (2012) www.circ.ahajournals.org

⁵ Infection Control & Clinical Quality, 6 Stats on the Cost of Readmission for CMS tracked conditions (Dec. 2013) www.beckershospitalreview.com

⁶ Healthcare Informatics, Geisinger Study Finds Telemedicine to Cut Readmissions, Costs for Heart Failure Patients. (Oct. 2014) www.healthcare-informatics.com

Monitoring Guidelines:

- Specify data monitoring available to patient, i.e. pulse oximetry, weight, blood pressure, pulse, ekg, blood sugars
- Patient parameters defined by organization as well as policies and procedures if parameters fall outside defined norm
- Define skill level of licensed personnel monitoring patients and provide continued education for telemonitoring staff
- Define specific time of monitoring patients, should include seven days a week, as well as information provided to patient of who to contact after hours
- Limit outsourcing of monitoring patients i.e. out of state, out of country remote monitoring

Outcomes:

- Define measurable outcomes- ie patient satisfaction, equipment utilization, rehospitalization rates
- Develop reports to measure defined outcomes
- Establish criteria of time frame to run reports, i.e. monthly, quarterly, annually
- Maintain minimum standards of telehealth outcomes

In addition to Telehealth guidelines, it is important for practitioners to rely on their professional expertise and experiences to ensure delivery of quality telehealth monitoring.

Thank you for the opportunity to testify today and consideration of this bill.

Regards
Beka Apostolidis